DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BHCS SYLVAN VIEW (410275)

Address: W9405 GIVENS RD BOX 400, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 08/01/1992

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History			
Survey ID: 0096635	End Date: 03/14/2006	Type: ABBREVIAT	Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0095250	End Date: 07/07/2005	Type: OTHER	Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0094621	End Date: 04/11/2005	Type: OTHER	Purpose: COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092420	End Date: 11/21/2003	Type: STANDARD	Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 01/07/2005 Date Investigation Completed: 04/12/2005

Subject Area(s) Result SOD #

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